

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

DAVID DEJESUS, SR.,

Plaintiff,

v.

CORRECTIONAL MEDICAL SERVICES,
INC., WILLIAM JOYCE and DANA
BAKER,

Defendants.

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C.A. No. 06-209-JJF

DECLARATION OF DAVID A. FELICE

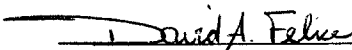
I, David A. Felice, hereby state in accordance with the provisions of Title 28, section 1746 of the United States Code as follows:

1. I represent the Plaintiff, David DeJesus, Sr. in the above-captioned action.
2. On March 10, 2008, pursuant to 10 *Del.C.* § 3104, an envelope containing a letter and a copy of the Process and Amended Complaint was sent via registered mail, return receipt requested (Article #RB 669 216 793 US) to non-resident defendant William Joyce (“Joyce”). A copy of the registered mail return receipt signed by Joyce on March 11, 2008 is attached hereto as Exhibit A.
3. On March 10, 2008, pursuant to 10 *Del.C.* § 3104, an envelope containing a letter and a copy of the Process and Amended Complaint was sent via registered mail, return receipt requested (Article #RB 669 216 780 US) to non-resident defendant Dana Baker (“Baker”). A copy of the registered mail return receipt signed by Baker on March 15, 2008 is attached hereto as Exhibit B.

4. Pursuant to an agreement between counsel, the addresses for Joyce and Baker have been redacted from the registered mail return receipts.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed this 19th day of March 2008.



David A. Felice (#4090)

EXHIBIT A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

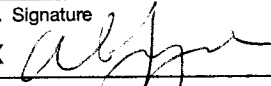
1. Article Addressed to:

William Joyce

REDACTED**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

WILLIAM JOYCE

C. Date of Delivery

3/11/08

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

RB 669 216 793 US

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT B

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Dana M Baker 3/15/08</p>
<p>1. Article Addressed to:</p> <p>Dana Baker</p> <p>REDACTED</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>RB 669 216 780 US</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540